

**DESIGNATION OF PERSON AUTHORIZED TO
RECEIVE WARRANTS (Gov. C., Sec. 12479)**

STD. 243 (REV. 2-95)

**Submit two copies of a completed form
STD. 243 with original signatures to
your personnel/payroll office.**

EMPLOYEE NAME (First, Middle, Last)	SOCIAL SECURITY NUMBER
NAME OF EMPLOYING STATE AGENCY	CITY WHERE AGENCY LOCATED

Pursuant to Section 12479 of the Government Code, I hereby designate the following person who, notwithstanding any other provision of the law, shall be entitled **upon my death** to receive all state warrants that would have been payable to me had I survived. NOTE: Direct deposit payments are not subject to the provisions of this designation.

Important: This is NOT a designation for payment of death benefits and refund of employee retirement contributions. A form STD. 241, Beneficiary Designation (PERS), must be completed to file a designation with the Public Employees' Retirement System for death benefits.

DESIGNEE (Must be 18 years of age or older)

DESIGNEE NAME (First, Middle, Last)	SOCIAL SECURITY NUMBER	AGE	TELEPHONE NUMBER
ADDRESS	CITY AND STATE	ZIP CODE	

I hereby revoke any previous designations filed by me.

If the above-named designee does not file a written request with the personnel/payroll office of my employing state agency/campus for such warrants within sixty (60) days after the date of my death, this designation shall be and become null and void .

This designation will remain in full force and effect during my employment with any California state agency/campus until revoked in writing by me.

		FOR AGENCY/CAMPUS USE ONLY	
		REVIEWED BY THE PERSONNEL/PAYROLL OFFICE AND FILED	
EMPLOYEE HOME ADDRESS		SIGNATURE OF AUTHORIZED OFFICER ▷	
CITY, STATE, ZIP CODE		TYPED NAME	DATE
EMPLOYEE SIGNATURE (Please sign both copies in ink) ▷	DATE SIGNED		

INSTRUCTIONS

1. Complete this form in duplicate; typewritten or in ink.
2. Show designee's full name; for example, "Mary Jane Smith," not Mrs. John E. Smith.
3. Verify that the form is complete and correct. No erasures or corrections may be made in the name of the designee. If any error has been made, complete a new set of forms.
4. Sign both copies in ink. Submit both copies to your personnel/payroll office. The duplicate copy will be returned to you for your records.
5. You may change your designation at any time by filing a new form STD. 243 with your personnel/payroll office.
6. You may completely revoke a designation at any time by submitting either a new form STD. 243 indicating "NONE" for the designee name or a letter to your employer. Two copies with original signatures are required.
7. Inform your personnel/payroll office when a change occurs in your designee's address.
8. You may wish to file a new designation upon any change in your marital status.

PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the employing personnel/payroll office for the sole purpose of identifying the designee authorized to receive warrants payable to the employee had he/she survived.

Legal references authorizing maintenance of this information include the Government Code Section 12479 and the State Administrative Manual Section 8477.1-8477.27.

This form and all personal information contained therein is maintained by the employing personnel/payroll office. Employees have the right of access to copies of their Designation of Person Authorized to Receive Warrants form upon request.